CITY OF MEMPHIS TITLE VI COMPLAINT FORM

COMPLAINANT OF DISCRIMINATION

We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know.

1.	Complainant			
Name:				
	Street Address:			
	City, State, Zip Code:			
2.	2. Person discriminated against (if someone other than the complainant)			
	Name:			
	Street Address:			
	City, State, Zip Code:			
	Telephone Number(s): Home Business			
3. Are you represented by an attorney for this compliant?				
	Yes No			
	If yes please complete the following:			
	Attorney's Name:			
	Street Address:			
	City, State, Zip Code:			
	l elephone Number:			
4.	Which City Department or Subrecipient do you believe discriminated			

against you?				
Name:				
5. Which of the following best describes the reason you believe the discrimination took place?				
Race Color National Origin				
6. Date of the alleged discrimination:				
7. In the space below please describe the alleged discrimination. Explain what happened and who you believe was responsible. (Please print or type)				
8. Have you tried to resolve this complaint through the internal grievance procedure? Yes No				
If yes what is the status of the grievance?				
Name and title of the person who is handling the grievance procedure.				
Name:				
Title:				

9. Have you filed a complaint of the alleged discrimination with a federal, state or local agency; or with a state or federal court?

	Yes	No		
I	yes, check all that apply:			
5	Federal State Local	Federal Court State Court		
I	Please provide the name of the Agency were you filed your compliant:			
1	Name:			
(Contact Person:			
	Please sign below. You may attach any additional information you ak is relevant to your complaint.			
5	Signature of Complain	 nant	Date	

CITY OF MEMPHIS TITLE VI DOCUMENTATION

COMPLAINANT

Name
Address
Telephone
Date Received
Complainant alleges discrimination is based on: Race Color National Origin
Complaint
Action Taken
Problem Resolved?YesNo
Referred to
Follow - up Needed?YesNo
Date of Follow - up
Date Concluded
Investigator